

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Soliris[®] (eculizumab)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product and Billing Information

New Request Continuation Request

Drug product: Soliris 300 mg/30 mL vial
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Date of next dose (if applicable): _____
 Dose: _____ Dose Frequency: _____

Place of administration: Physician's office
 Outpatient infusion
 Facility: _____ NPI: _____ Fax: _____
 Home infusion
 Agency: _____ NPI: _____ Fax: _____

Billing: Physician to buy and bill
 Facility to buy and bill
 Specialty Pharmacy
 Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Drug cost information

The wholesale acquisition cost for each 1 mL (10 mg) of Soliris is \$203.70. The annual cost of treatment with this drug will vary depending on the patient's circumstances, but may cost more than \$482,000 (PHN) to \$663,000 (aHUS).

Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
 - Flow cytometric confirmation of at least 10% granulocyte clone cells
 - Or have symptoms of thromboembolic complications (abdominal pain, shortness of breath, chest pain, end organ damage)
 - Must have received meningococcal vaccine at least 2 weeks before starting treatment
2. Diagnosis of atypical (complement-mediated) hemolytic uremic syndrome (aHUS)
 - Must have a chronic need for plasma exchange, plasma infusion, or chronic dialysis
 - Must have received plasma exchange or plasma infusion within 2 weeks of starting Soliris
 - Must have received meningococcal vaccine at least 2 weeks before starting treatment

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and the USPDI or its successor.)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- paroxysmal nocturnal hemoglobinuria (PNH)
- atypical hemolytic uremic syndrome (aHUS)
- Other – the patient's condition is: _____

B. Which of the following criteria does the patient meet?

- Patient has received (or will receive) the meningococcal vaccine at least 2 weeks prior to starting Soliris

For PNH, which of the following apply to the patient?

- Flow cytometric confirmation of at least 10% granulocyte clone cells
- When was date of last meningitis vaccination: _____

For aHUS, which of the following apply to the patient?

- Has a chronic need for plasma exchange, plasma infusion, or chronic dialysis
 - Received plasma exchange or plasma infusion within 2 weeks of starting Soliris
- When was date of last meningitis vaccination: _____

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Soliris likely be the most effective option for this patient?

- Yes No

If yes, please explain why: _____

If the patient is currently using Soliris, would changing the patient's current regimen likely result in adverse effects for the patient?

- Yes No

If yes, please explain: _____